

PART B - FEE(S) TRANSMITTAL

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27896 7590 11/30/2007

EDELL, SHAPIRO & FINNAN, LLC
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ROCKVILLE, MD 20850

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(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/695,487	10/29/2003	Durward I. Faries JR.	1322.0063CNT	5214
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TITLE OF INVENTION: HEATING SYSTEM AND METHOD FOR HEATING VARIOUS ITEMS UTILIZED IN SURGICAL PROCEDURES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$720	\$300	\$0	\$1020	02/29/2008
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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PELHAM, JOSEPH MOORE	3742	219-400000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys, ¹ **Edell, Shapiro & Finnan, LLC**
- or agents OR, alternatively, ²
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to ³ 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for publication as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Patented Medical Solutions, LLC Las Vegas, NV

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

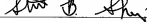
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **5-0460** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 
 Typed or printed name **Stuart B. Shapiro**

Date **12/6/2007**
 Registration No. **40169**

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